MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11283

Reg. Dist. No. 18-2

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Rocks | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks, (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Robert (Last) Anderson
4. DATE OF DEATH: (Month) November (Day) 13 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Married	June 6, 1883	67 yrs.	5	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm owner	Shawsville, Harford Co Md	U.S.

13. FATHER'S NAME: Frank Anderson
14. MOTHER'S MAIDEN NAME: Rebecca Anna Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Belle Anderson, White Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushing injury R chest — Interval between onset and death: 1 hour

928.D Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

1756 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Rocks	Harford	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
Nov 13, 1950 PA m.		Gored by bull

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jerald C Palmer	M.D. Deputy Medical Examiner	Harford Co. Bel Air, Md	11/13/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 15, 1950	Bethel	Madonna, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-14-50	Priscilla Forwood	Martin G. Kurtz	Jarrettsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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Evidence for change of age shown on:

FILM No. G 129 NOV 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlton Hurricane Grace R.D.
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Putnam
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Foard (Last) Brinker
4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1950
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov 14 1977
9. AGE last birthday ~~71~~ 70 yrs. If under 1 year Months 11 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) High Point Harford, Md
12. CITIZEN OF WHAT COUNTRY? W. S.
13. FATHER'S NAME Oliver S. Foard.
14. MOTHER'S MAIDEN NAME Mary R Harkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Augustus C Brinker Forest Hill Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	4 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Haemorrhage	4 mo
	(c)	

331 X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1950, to Nov 11, 1950, that I last saw the deceased alive on Nov 8, 1950, and that death occurred at 1 50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. F. Magraw, M.D. ADDRESS Perryville Md DATE SIGNED Nov 11 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 13-1950
NAME OF CEMETERY OR CREMATORY Centre
LOCATION (City, town, or county) (State) Forest Hill Harford, Md

DATE REC'D BY LOCAL REG. 11/12/50
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Martin G Kurtz ADDRESS Jarrettsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

11285

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) C (Last) Burkins

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 7 1896

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendant

10b. KIND OF BUSINESS OR INDUSTRY: Chemical Plant

11. BIRTHPLACE (State or foreign country): U.S.A. Harford Co., Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward R Burkins

14. MOTHER'S MAIDEN NAME: Edith F. Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-20-7940

17. INFORMANT AND ADDRESS: Mrs. Edna Burkins, Wife

18. MEDICAL CERTIFICATION — Darlington, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.1 **Immediate cause** (a) Lymphosarcoma of Lung — Interval Between Onset and Death: 6 mo.

47d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 50, to Nov. 10, 19 50, that I last saw the deceased alive on Nov. 10, 19 50, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Malcolm Dudley Phillips MD Darlington, Md. 11/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 12 1950 | NAME OF CEMETERY OR CREMATORY: Darlington Cem. | LOCATION (City, town, or county) (State): Harford Co, Md.

DATE REC'D BY LOCAL REG.: Nov. 11, 1950 | REGISTRAR'S SIGNATURE: C. W. Kirk | 24. FUNERAL DIRECTOR: H. S. Bailey | ADDRESS: Darlington, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11286

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	Ester	Cooley	Nov.	29,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Oct 10, 1870	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	At Home	Harford Co, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Fletcher Jones	Helen M. Cresmell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	John Cooley, Darlington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
433.1 **Immediate cause**	(a) Cerebral Emboles	36 hrs.
93.2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis – Congestive Cardiac	
	(c) Failure & Auricular fibrillation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1950, to 11/29, 1950, that I last saw the deceased alive on 11/28, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Malcolm Dudley Phillips	MD	Darlington, Md	11/30/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 1 1950	Darlington Cem.	Harford Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Dec 1, 1950	C. H. Kirk	H & S Bailey	Darlington Md.

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DEC 17 1950
BUREAU V. S.

11287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 152

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Fred (Last) Dalton

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 24 1896 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman | 10b. KIND OF BUSINESS OR INDUSTRY: Auto Accessories | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William J. Dalton | 14. MOTHER'S MAIDEN NAME: Annie Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WW I | 16. SOCIAL SECURITY NO.: 215-03-3247 | 17. INFORMANT AND ADDRESS: Mrs Helen L. Dalton, Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung + Brain

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Lung

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6-12 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

162 x
472

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1-50, 1950, to Nov. 3, 1950, that I last saw the deceased alive on 11/3/, 1950, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Richardson Jr | ADDRESS M. D. Bel Air-Md | DATE SIGNED 11/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 7, 1950 | NAME OF CEMETERY OR CREMATORY: St Johns | LOCATION (City, town, or county) (State): Long Green, Balto, Md

DATE REC'D BY LOCAL REG. 11-6-50 | REGISTRAR'S SIGNATURE: Priscilla Fawood | 24. FUNERAL DIRECTOR: Howard L. McComas & Son | ADDRESS: Abingdon Maryland

24564

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NOV 9 1950
BUREAU F. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11288

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Harford County

City or town: Joppa
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Joppa
(If outside city or town limits, write RURAL and give nearest town)

Street No.: none
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Elizabeth Dunn

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
f	W	Widowed

6.(b) Name of husband or wife: John

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 3rd, 1864

8. AGE:

Years	Months	Days	If less than one day
86			..... hrs. ..... min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Dunn
13. Birthplace: Maryland

MOTHER
14. Maiden name: Elizabeth Fink
15. Birthplace: Maryland

16. Informant: Frederick W. Dunn

Address: 2240 Edgewater Ave, #22 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-22-50 (month) (day) (year)

Cemetery or crematory: Mt. Carmel

Location: Baltimore, Md

18. Funeral director: Tilly & Zeiler Co.

Address: 403 S. Wolfe Street

19. 11/22/50 19 (Date rec'd by registrar) O. W. Hedrick M.S. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 20 1950 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1944, to Nov 1950 and that I last saw her alive on Nov 18 1950

Immediate cause of death: Acute Pulmonary Odema — DURATION: Suddenly

Due to: Arteriosclerotic C-V Disease — 12 yrs

Due to:

Other conditions:

422.1
93d (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Ralph Harley M.D. M. D. or other

Address: Churchville Md Date signed: Nov 21

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

11289

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Edgewood~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia COUNTY Emanuel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Graymont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Matthew (Middle) A (Last) Farmer
4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10/25/1912
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME M. A. Farmer (HOUSE)
14. MOTHER'S MAIDEN NAME Fannie Durden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 253-16-2220
17. INFORMANT Capt. A. L. Brewer, Army Chemical Center Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) Third degree burns entire body — Instant

181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Edgewood (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 5, 1950 9A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Mattress Caught fire + burned him up

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md 11/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Nov. 9, 1950
NAME OF CEMETERY OR CREMATORY Hunnicut F. H.
LOCATION (City, town, or county) Swansboro (State) Ga

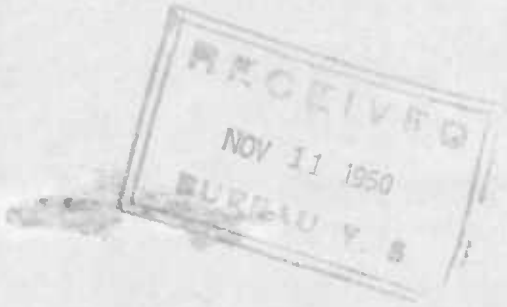
DATE REC'D BY LOCAL REG. Nov 9, 1950
REGISTRAR'S SIGNATURE Marie M. Monlsdale
24. FUNERAL DIRECTOR Howard K. McCormick + Son ADDRESS Abingdon Md

328 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A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NOV 11 1950
BUREAU U. S.

11290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 6 New County Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) — (Last) Gildea
4. DATE OF DEATH (Month) Nov (Day) 21 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 6th 1875
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler of Guns
10b. KIND OF BUSINESS OR INDUSTRY Govt. A.P.G.
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Patrick Gildea
14. MOTHER'S MAIDEN NAME Mage McGlincky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs John Gildea

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Pernicious Anemia	2 yrs
450.0	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Toxemia	2 mos
73a		(c) Arterio Sclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Nov 21 1950, that I last saw the deceased alive on Nov 21, 1950 and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley MD (Degree or title) ADDRESS 400 S. Union Ave Havre de Grace Md DATE SIGNED 11/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 24 1950
NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REG. Nov. 22-1950
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Terring and Sons. ADDRESS Aberdeen Maryland

49697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 24 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11291

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 713 Hopper's Alley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 713 Hopper's Alley

3. NAME OF DECEASED (Type or Print): (First) Beatrice (Middle) (Last) Hemore

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 16 1898

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. John Hemore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1950, to 11-24, 1950, that I last saw the deceased alive on 11-24, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE A. L. Lewis M.D. (Degree or title) — ADDRESS Havre de Grace Md. — DATE SIGNED 11-26-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE Nov. 28 1950 — NAME OF CEMETERY OR CREMATORY St. James — LOCATION (City, town, or county) Havre de Grace — (State) Md.

DATE REC'D BY LOCAL REG. Nov. 26-1950 — REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR R. Madison Mitchell — ADDRESS Havre de Grace Md.

VS. A15

RECEIVED
DEC 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11292

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) 31 Battle St

3. NAME OF DECEASED (Type or Print): (First) Aileene (Middle) Brown (Last) James
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 10, 1916
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse's Aid
10b. KIND OF BUSINESS OR INDUSTRY: Perry Point Hosp.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robt. C. Perry
14. MOTHER'S MAIDEN NAME: Estelle Gilmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Estelle Perry, 5903 Belle Grove Rd Balto 25 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Slash wound throat — INTERVAL BETWEEN ONSET AND DEATH: none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

982X
167-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) Edgewood (1) (COUNTY) Harford (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 25 1950 7 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Throat slashed by assailant unknown

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D Deputy Medical Examiner Harford Co. Bel Air Md 11/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried
DATE THEREOF: Nov 29, 1950
NAME OF CEMETERY OR CREMATORY: Mt. Calvary
LOCATION (City, town, or county) (State): Anne Arundel Co Md

DATE REC'D BY LOCAL REG.: Nov 25, 1950
REGISTRAR'S SIGNATURE: Mame M. Monsdale
24. FUNERAL DIRECTOR: Mrs R.G. Elliott + daughter
ADDRESS: 1129 N. Carolines St Balto Md

RECEIVED
NOV 28 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11293

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place): all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 Freedom Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 617 Freedom St.

3. NAME OF DECEASED (Type or Print) (First) Geneva (Middle) C. (Last) James

4. DATE OF DEATH (Month) 11 (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 17, 1909
9. AGE last birthday 41 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Havre de Grace, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Norris Meade
14. MOTHER'S MAIDEN NAME Annie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 617 Freedom Street Mr. James James Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 hrs
443X Antecedent cause(s)	(b) Cardio Vascular Disease	1 yr
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio Ochrosis / Hypertension	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 10, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D.
ADDRESS 400 S. Union Ave Havre de Grace Md
DATE SIGNED 11/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 18, 1950
NAME OF CEMETERY OR CREMATORY Hosanna Cemetery
LOCATION (City, town, or county) (State) Darlington, Md

DATE REC'D BY LOCAL REG. Nov. 16-1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Elmer E. Bullock - Havre de Grace, Md
ADDRESS

RECEIVED
NOV 20 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

11294

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Md | LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edmund St Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Edmund St Ext.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cassandia	Hoke	Johnson	Nov	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	Negro	Single	July 28, 1950	yrs.	3	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	U.S.A.

13. FATHER'S NAME Leon Johnson
14. MOTHER'S MAIDEN NAME Sophie Virginia ~~Johnson~~ Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT,
No	—	Sophie Virginia Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial pneumonia - Atelectasis	12 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity (7 mos)	
	(c)	

762.5
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H K Delaney M.D.			Nov 2, 1950

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 3, 1950	Mt. Calvary	Aberdeen, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 3 - 1950	Nellie F. Riley	Elmer E. Bullock	556 Lewis St. Havre de Grace

VS. A15A

RECEIVED
NOV 7 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11295

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Abingdon
STREET ADDRESS (If rural, give location): Long Bar Harbor

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A (Last) LEITZ
4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-18-1870
9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert Byrne
14. MOTHER'S MAIDEN NAME: Mary Mullan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Mary Jones, Abingdon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 6 days

593x Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 132

(b) Nephritis — 6 days

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Advanced Rheumatoid Arthritis 20 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1950, to 11-11, 1950, that I last saw the deceased alive on 11-11-50, 1950, and that death occurred at 8 40 A.M. m., from the causes and on the date stated above.

SIGNATURE: Daniel L Polse — (Degree or title): M.D. — ADDRESS: Havre de Grace Md. — DATE SIGNED: 11/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-14-50 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county): Edmondson Ave (State)

DATE REC'D BY LOCAL REG.: 11-11-50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: George J Puth Inc — ADDRESS: 1335 Hanford Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11296

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa, Md.
STREET ADDRESS (If rural, give location) Same.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Lomyer
4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-18-84
9. AGE last birthday: 66 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watch man
10b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. H. Lomyer
14. MOTHER'S MAIDEN NAME: Barbara Hauch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 705-10-2140
17. INFORMANT AND ADDRESS: Frank Lomyer - Joppa, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF THE STOMACH

151X Antecedent cause(s)

46 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) WITH METASTASES.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-23-50 / 11-11-50
19b. MAJOR FINDINGS OF OPERATION: CANCER OF STOMACH. Exp. laparotomy — multiple anastamesis (intestine)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1950 to Nov. 11, 1950 that I last saw the deceased alive on Nov. 11, 1950, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Castellano — ADDRESS Harford Memorial Hospital — DATE SIGNED 11-11-50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Nov. 15, 1950 — NAME OF CEMETERY OR CREMATORY St. Stephens — LOCATION (City, town, or county) (State) Bradshaw, Balto. Co. Md

DATE REC'D BY LOCAL REG. Nov. 18-1950 — REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR — ADDRESS Howard R. McComas & Son Aberdeen Md

602 49

RECEIVED
NOV 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11297

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FOREST HILL; RURAL; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FOREST HILL RURAL; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) F. (Last) LOWE

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): WIDOWED

8. DATE OF BIRTH: 7-3-1860

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: Owner FARMING

11. BIRTHPLACE (State or foreign country): HARFORD Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RUFUS LOWE

14. MOTHER'S MAIDEN NAME: RACHAEL ANN MARSTELLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Roy Lowe Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure (Decompensation)

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease.

(c) [redacted].

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old age.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒ A

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Nov 24, 1950, that I last saw the deceased alive on Nov 24, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. James Thomson Jr M.D. ADDRESS Jarrettsville, Md DATE SIGNED 11/25/50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE 11-28-50; NAME OF CEMETERY OR CREMATORY CENTRE; LOCATION (City, town, or county) (State) NEW PARK, YORK Co. PA.

DATE REC'D BY LOCAL REG. 11-27-50; REGISTRAR'S SIGNATURE Priscilla Foxwood

24. FUNERAL DIRECTOR ADDRESS W. Howard Webb Fawn Grove Pa

000VV

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NOV 28 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

11298

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen; LENGTH OF STAY (In this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen Proving Ground.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen; STREET ADDRESS (If rural, give location) 54 Liberty Street.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) D (Last) Maddrill

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 13th. 1885

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mathematical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Aberdeen Proving Ground.

11. BIRTHPLACE (State or foreign country): Nevada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Maddrill

14. MOTHER'S MAIDEN NAME: Sarah Gross.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. James D. Maddrill.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal hemorrhage due to rupture of the aorta — Interval between onset and death: none

825.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

170 c

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Aberdeen Road (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov. 27, 1950 8 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford C. Bel Air Md. 11/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: Dec. 1st. 1950

NAME OF CEMETERY OR CREMATORY: Green Mount Cemetery

LOCATION (City, town, or county) (State): Baltimore Maryland.

DATE REC'D BY LOCAL REG.: Nov. 30-50

REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR — ADDRESS: Henry Tarring and Sons. Aberdeen Maryland.

V2293

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 2 1950
JUNEAU, ALASKA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11299

CERTIFICATE OF DEATH

Reg. Dist. No. 18 S-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace; LENGTH OF STAY (in this place) 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace; STREET ADDRESS (If rural, give location) 118 Wilson St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Louis (Last) Marsh

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/3/87

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: John Marsh

14. MOTHER'S MAIDEN NAME: Margaret Knotts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: 217-05-8032

17. INFORMANT AND ADDRESS: Elizabeth Blanr Marsh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure - Renal Failure. - Hypertensive Cardio-vascular - Renal Disease.

442X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1950, to Nov. 4, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 1:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. I. Castellaw M.D. ADDRESS Harford Memorial H. DATE SIGNED 11.4.50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 7 1950 | NAME OF CEMETERY OR CREMATORY: Spring Hill Cem | LOCATION (City, town, or county) (State): Easton Talbot Co. Md.

DATE REC'D BY LOCAL REG. Nov. 6 - 1950 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D. | 24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11300

185

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural give location) Route 4 ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A. (Last) Miller

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1918

9. AGE last birthday: 32 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Road Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William R. Miller

14. MOTHER'S MAIDEN NAME: Edna Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 215-18-2578

17. INFORMANT: Mrs. G. A. Miller, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial hemorrhage — Interval between onset and death: 2 hours

812.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

170 C

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture R fibula, compound — 2 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hwy 587 (CITY OR TOWN) Abingdon (COUNTY) Harford (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 4, 1950 4 p.m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Hit by car while at work on road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lewell C Palmer M D Deputy Medical Examiner Harford Co. Bel Air, Md 11/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 7, 1950 — NAME OF CEMETERY OR CREMATORY: Sandy Mount Cem. — LOCATION (City, town, or county): Sandymount — (State): Md.

DATE REC'D BY LOCAL REG. 11/6/50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. Francis Reese — ADDRESS: Westminster, Md.

Dr. A. L. Lewis

31649

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11301

CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural
STREET ADDRESS (If rural, give location) Robin Hood Road.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Minerva (Last) Oals
4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct. 19th. 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Pennsylvania	

13. FATHER'S NAME Albert Burkentine
14. MOTHER'S MAIDEN NAME Elizabeth Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		—	Helen L Palmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	8 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 443X 932	(b) Cardio Vascular Disease	7 yrs
	(c) Arteriosclerosis Hypertension	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 19 48, to Nov 15, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 1:a m., from the causes and on the date stated above.

SIGNATURE Charles J Foley M D (Degree or title) ADDRESS 400 S. Union Ave Havre de Grace DATE SIGNED 11/16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 17 1950	Bakers Cemetery	Aberdeen, Harford Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov. 17-50	Nellie F. Riley	Henry Tarring and Sons Aberdeen Md.

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11302

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville R.D. ; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville R.D. ; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lizzie (Middle) Harrison (Last) Picker

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mary

8. DATE OF BIRTH: Nov 29, 1846

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Harrison

14. MOTHER'S MAIDEN NAME: Rachel Ann Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Howard Picker Pylesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 months

331a

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Nov 6, 1950, that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE: Edward A. Hyson (Degree or title) M. D. ADDRESS: Fawn Grove, Pa DATE SIGNED: Nov 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov 9, 1950 — NAME OF CEMETERY OR CREMATORY: Fawn Grove — LOCATION (City, town, or county) (State): Fawn Grove Pa

DATE REC'D BY LOCAL REG.: 11-9-50 — REGISTRAR'S SIGNATURE: Priscilla Lowood

24. FUNERAL DIRECTOR: H. Howard Kett — ADDRESS: Fawn Grove Pa

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NOV 10 1950
BUREAU T. S

11303

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eugene (Middle) George (Last) Preston
4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 26, 1902
9. AGE last birthday 48 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-farm hand
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Magnolia Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Preston
14. MOTHER'S MAIDEN NAME Bessie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. -
17. INFORMANT AND ADDRESS Anna E. Preston, Joppa Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) bronchiectasis - asthma and emphysema	20 yrs
526X Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) chronic myocarditis and nephritis	4 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1934, to 11-23, 1950, that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE Ned B Hodgins (Degree or title) ADDRESS Edgewood, Md. DATE SIGNED 11.24.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 27, 1950
NAME OF CEMETERY OR CREMATORY Trinity Lutheran
LOCATION (City, town, or county) Joppa Harford, Md (State)

DATE REC'D BY LOCAL REG. Nov 26 1950
REGISTRAR'S SIGNATURE Marie M. Moulsdale
24. FUNERAL DIRECTOR Howard R. McCormas & Son ADDRESS Abingdon Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
NOV 28 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

11304

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Raisin

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4/15/1882

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gilbert

14. MOTHER'S MAIDEN NAME: Martha Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: W. O. Raisin, Abingdon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Glomerular Nephritis with hypertension	5 yrs
Antecedent cause(s)	cerebral hemorrhage	2 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

592X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Nov 16, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 3.15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jed O Hodson	M.D.	Edgewood Md	11-17-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 19, 1950	Magnolia Baptist	Magnolia Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 19, 1950	Mame M. Mondedale	Howard R. McComas & Son	Abingdon Md

NOV 24 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

11305

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
STREET ADDRESS (If rural give location) 16 Hawan Street.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Stevenson

4. DATE OF DEATH (Month) (Day) (Year): November 28 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 8th 1912

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor Machinest

10b. KIND OF BUSINESS OR INDUSTRY: aberdeen Proving Ground

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Arthur Stevenson

14. MOTHER'S MAIDEN NAME: Mary L. Amos.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Harry A. Stevenson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: none

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Pa (Degree or title) ADDRESS Harford Co. Bel Air DATE SIGNED 11/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 12 | NAME OF CEMETERY OR CREMATORY: Cemetery | LOCATION (City, town, or county) (State): Richmond Virginia

DATE REC'D BY LOCAL REG. Nov. 30 - 50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Lewin Tarring and Sons. ADDRESS: Aberdeen Maryland.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11306

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville Md
STREET ADDRESS (If rural, give location) White Hall Md R.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William Thomas Strawbridge

4. DATE OF DEATH (Month) (Day) (Year) Nov 15 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 28 1860
9. AGE last birthday 90 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor
10b. KIND OF BUSINESS OR INDUSTRY Building Contractor
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME H Thomas Strawbridge
14. MOTHER'S MAIDEN NAME May McClung

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS J Clifton McElwain Stewartstown Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of Heart	3 wks
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Heart Disease	30 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

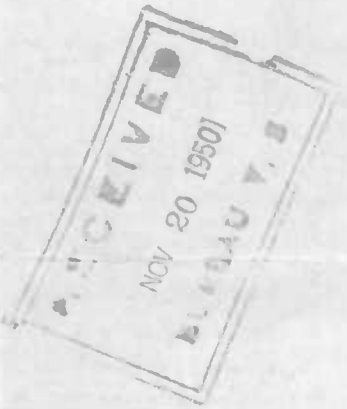
22. I hereby certify that I attended the deceased from Aug 10, 1948, to Nov 15, 1950, that I last saw the deceased alive on Nov 12, 1950, and that death occurred at 11 50 A.m., from the causes and on the date stated above.

SIGNATURE William O Fulton (Degree or title) ADDRESS Stewartstown Pa DATE SIGNED 11/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 18 1950
NAME OF CEMETERY OR CREMATORY Norrisville County
LOCATION (City, town, or county) Norrisville (State) Md

DATE REC'D BY LOCAL REG. 11/17/50
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR H Howard Webb Fawn Grove Pa ADDRESS

156 V9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11307

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place) Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) John (Last) Thomas
4. DATE OF DEATH (Month) Nov. (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Jan. 30 1892
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Oliver Thomas
14. MOTHER'S MAIDEN NAME Carrie Holden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mrs Lucy Thomas, Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	Suddenly
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	5 yrs.
	(c)	

260X
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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Nov 18, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Snodgrass M.D.
ADDRESS Darlington Harford Co Md
DATE SIGNED 11/18/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Nov. 20 1950
NAME OF CEMETERY OR CREMATORY Darlington Cem.
LOCATION (City, town, or county) (State) Harford Co., Md.

DATE REC'D BY LOCAL REG. Nov. 19, 1950
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey
ADDRESS Darlington, Md.

27861

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11308

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 S Bond St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) 204 S Bond St

3. NAME OF DECEASED (Type or Print): (First) June (Middle) C (Last) Vannoy

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 9/1890

9. AGE last birthday: 60 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Ash Co., N. C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alfred Vannoy

14. MOTHER'S MAIDEN NAME: Cynthia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Hortense Rudis 2046 Bond St Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Acute Coronary Occlusion	Immediate
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis	5 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE Robt Barthel (Degree or title) MD ADDRESS Forest Hill, Md DATE SIGNED Nov. 20 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov 22/50
NAME OF CEMETERY OR CREMATORY: Liberty Hill
LOCATION (City, town, or county): Jefferson (State): N C

DATE REC'D BY LOCAL REG. 11/20/50
REGISTRAR'S SIGNATURE: Priscilla Townsend

24. FUNERAL DIRECTOR: Joseph T Foster ADDRESS: Bel Air Md

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NOV 24 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11309

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Whiteford | LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Whiteford
STREET ADDRESS (If rural, give location) At Graceton corner

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Mae (Last) Whiteford
4. DATE OF DEATH: (Month) (Day) (Year) November 28, 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 21, 1884
9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Warner
14. MOTHER'S MAIDEN NAME: Margaret Irwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. William Lester Whiteford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic carcinoma

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

170X 50 (b) Breast carcinoma — Interval Between Onset and Death: 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 6, 1947
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1947, to Nov. 28, 1950, that I last saw the deceased alive on Nov. 27, 1950, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles A. Neff M.D. Street, Md. 11-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Dec 1, 1950 | NAME OF CEMETERY OR CREMATORY Town Grove | LOCATION (City, town, or county) (State) Town Grove Pa

DATE REC'D BY LOCAL REG. 11/29/50 | REGISTRAR'S SIGNATURE Priscilla Lovett

24. FUNERAL DIRECTOR ADDRESS Howard Webb Town Grove Pa

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